

Living with Osteoarthritis

A Guide for People with
Osteoarthritis of the Hip or Knee



How can this guide help you?

This guide is designed for people who have Osteoarthritis (OA) of the hip and/or knee.

It will help you to understand your condition so that you can share in decision-making about your health and better manage your condition.

The guide:

- ◆ Explains OA and how it may affect you;
- ◆ Gives information about medicines and other non-drug treatments to help you decide what is best for you;
- ◆ Explains how your health care provider(s) can help you; and
- ◆ Gives information to help you maintain and improve your quality of life.
- ◆ Is available at www.oapathway.org.au

What about information in other languages?

This guide is available in English only.

Some basic information about OA in languages other than English can be accessed from www.healthtranslations.vic.gov.au

The material in this booklet is for your information and is not intended to be medical advice. You are encouraged to review the information with your doctor or relevant health care provider.

All the websites cited in this booklet were last accessed on June 2010.

'One patient's story'

One Patient's Story

Meet Jim...
Golfer extraordinaire with occasional knee pain



OUCH

Jim had some increase in his knee pain with some stiffness when he played golf

Jim took a rest from golf and he...

- used his wife's heat pack
- took some Paracetamol
- looked for information on the internet

When the pain didn't settle down, Jim went to see his GP who diagnosed **OSTEOARTHRITIS**.

The GP:

- ordered an X-ray which confirmed arthritis
- advised him how to best use his Paracetamol


Yep. It's **OSTEO** alright Jim!



The GP also suggested other things Jim could consider including:


- exercises to strengthen his knee
- losing a bit of weight to reduce strain on his knee

The GP suggested Jim contact the Arthritis Foundation for more information, and that he look into **SELF MANAGEMENT** courses to help him with diet, exercise and other strategies



Jim lost weight, improved his diet and found the exercises helpful. He coped well with his symptoms for a number of years but then had a flare up which did not settle. The GP referred him to a **RHEUMATOLOGIST** (roo-mat-ol-o-gist) who suggested a cortisone injection. This helped and Jim continued to see the rheumatologist from time to time to check on progress

The flare ups became more frequent and after checking Jim's X-rays, the Rheumatologist suggested Jim speak to an **ORTHOPAEDIC SURGEON** about a **TOTAL KNEE REPLACEMENT**



Jim had his total knee replacement and after some rehabilitation he was able to get back to a few holes of golf. His knee sometimes gets stiff but he continues with his exercises, which helps.

OA Key Messages

It is recommended that you follow an exercise program designed to suit your needs.

Exercise is strongly recommended for people with OA as it helps to reduce pain and keep you moving. It is also good for your general health.

If you are overweight, even a small amount of weight loss can be beneficial.

Weight loss will reduce the stress on your joints, reduce pain and maintain or improve your mobility. For advice about losing weight, speak to your doctor or dietitian.

If you require medication for pain relief, simple analgesia such as paracetamol is the first line of treatment.

Simple pain relief using medication such as paracetamol is safe and effective for many people with OA.

If your doctor prescribes NSAID medications he/she will assess your need for regular blood pressure checks and blood tests.

NSAIDs are effective in reducing the pain and stiffness of OA, but can be associated with side effects, especially in older people.

If your pain or disability from OA is persistent and all other therapies are no longer helping then you may need joint replacement surgery.

Joint replacement surgery has been shown to improve body functioning and sense of wellbeing.

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Section 1

What is osteoarthritis and how might it affect you?

Osteoarthritis (OA) is one of the most common types of arthritis. OA occurs most commonly in the fingers and weight bearing joints, including the knees, feet, hips and back.

Why does it occur?

OA affects the cartilage, which cushions the ends of the bones where they meet in your joints. It is thought to be due to changes within the cells of the cartilage and changes in the bone underlying the cartilage. Gradually the cartilage thins and may even break down. This leaves the ends of the bone unprotected, and the joint loses its ability to move smoothly. Mild inflammation in the joint can contribute to the changes that occur.

Vigorous use of a normal joint does not necessarily lead to OA. OA may however develop in joints that have been previously injured.

Who does it affect?

OA most commonly develops from the age of 45 years, however, most of us have some symptoms as we get older.

Many factors contribute to OA. It is more common in older people, women, people who are overweight, and in people following a significant joint injury. Family history and genes are also important.

What are the symptoms?

Symptoms of OA vary but generally include pain, stiffness and swelling in the joint.

The disease progresses slowly and many people remain mostly free of symptoms.

What is the outlook?

The outlook for people with OA is very positive. For many people, OA will be mild and have little impact.

OA rarely causes severe disability, but when it does, surgery to replace joints is often highly effective.

How is OA diagnosed?

Firstly, you will need to have a full assessment by your doctor. Your doctor may then organise an X-ray.

Blood and joint fluid may be tested to exclude other types of arthritis.

What is the emotional impact of OA?

Some people may have symptoms most of the time which can limit their day-to-day activities and affect how they feel about themselves. These emotional issues will also need to be managed (see page 35 for more information).

Section 2

Who can help you manage your condition?

Osteoarthritis can be effectively managed. The best approach is a team approach, which involves you and your health care providers together with support from family, friends and community organisations.



1. You

You are the most important member of the team! Your understanding of your condition and your active involvement in your management are vital.

We now know that people who are “active self-managers” generally report some or all of the following:

- ✓ Increased energy levels
- ✓ Decreased fatigue
- ✓ Less anger, fear and frustration
- ✓ Feeling more in control of their health
- ✓ Feeling happier and more optimistic
- ✓ Feeling that they are more able to do the things they want to do.

What does self-management mean?

Self-management isn't about “passing the buck”. Your health care providers will always be an important part of your team. But you can do a lot to get the most out of the support they provide.

Self-management means:

Understanding your condition by:

- Learning about what causes it and how it affects you; and
- Learning about the treatment options.

It also means:

Developing skills that help you to:

- Deal with your illness;
- Continue to do the things that are important to you, such as work and social activities; and
- Manage symptoms such as fatigue and depression.

Working effectively with health professionals by:

- Being aware of changes in your symptoms and reporting this information;
- Participating in decision-making and discussing any concerns;
- Participating in your “care planning”. This will help you to identify important goals for your health and plan actions towards achieving those goals. See the tools provided in the back of this guide (page 56).

Self management courses are available to help you develop these skills.

These courses also provide opportunities for you to meet others in similar situations, and you can bring along a friend, family member or carer.

To find out more, telephone the Arthritis Foundation in your State or Territory - see contact details page 50.

2. Health Care Providers

It is likely that your “team” will include a number of different health care providers.

2.1 General Practitioner (GP)

Your GP is likely to be your main health care provider. He or she will coordinate your care with other health care providers and should be your first point of contact for any questions or concerns you have about your OA or other health issues.

Your GP may also have a *practice nurse*, who will help coordinate your care - liaising with other health professionals and providing information and other support as required.

When you and your GP consider that your condition needs more specialist medical attention, he or she will refer you to either a Rheumatologist or an Orthopaedic Surgeon. You may also be referred to other *medical specialists* according to your specific needs.

You may wish to ask your GP about the chronic disease management (CDM) items which may apply to you. These may include the General Practice Management Plan (GPMP), the Team Care Arrangements (TCA) and the Home Medication Review (HMR) items.

Preparing to see a health care provider

When you see a doctor or other health care provider it is important to be prepared. Bring along relevant information and think about what you expect from the consultation. Use the checklist on page 60.

2.2 Medical Specialists

★ RHEUMATOLOGIST

A rheumatologist is a doctor who specialises in diseases of the joints, muscles and bones. You may be referred to a rheumatologist if:

- The cause of your symptoms is unclear;
- Your symptoms are not improving, or are worsening;
- You require an injection into your knee joint;
- You and your GP are unsure if you will require surgery; or
- You and your GP wish to seek advice about newer treatments.



The rheumatologist will work with you and your GP to develop a treatment program that best suits your needs.

He or she will take into account any other medical conditions you may have, or medicines you are taking.

For more information about rheumatologists in Australia see www.rheumatology.org.au

★ ORTHOPAEDIC SURGEON

If your arthritis does not respond to medical treatments, you may need surgery. This is when you would be referred to an orthopaedic surgeon. An orthopaedic surgeon is a surgeon that specialises in operations of the bones and joints.

You may also be referred to other specialists for assessment of your fitness for surgery if you have lung, heart, kidney or other health problems.

For further information about orthopaedic surgeons see www.aoa.org.au

More information about surgical issues can be found on page 33 of this guide

2.2 Other Health Care Providers

Other health care providers you may see include:

★ PHYSIOTHERAPIST

A physiotherapist aims to improve your comfort and quality of life. This may involve exercise therapy, hydrotherapy (water exercises), thermotherapy (cold or hot packs) and other therapies.

The treatments aim to help prevent worsening of your condition and improve your ability to do things.

For further information about physiotherapists see <http://www.physiotherapy.asn.au/>



For more information about physical activity and OA see page 19.

★ DIETITIAN

Dietitians are experts in food and nutrition. They provide advice about healthy eating and losing weight, which may be important in managing your OA.

They also advise about other health conditions that are affected by diet, such as heart disease and diabetes.

For further information about dietitians, see <http://www.daa.asn.au/> - for more information about food and OA see page 24.

★ OCCUPATIONAL THERAPIST

An occupational therapist (OT) helps you to overcome any lifestyle limitations that may be caused by OA. These limitations may result from physical or emotional aspects.

The OT aims to help you maintain your independence and quality of life, sometimes by changing how you do things and sometimes by suggesting aids or equipment.

For further information about occupational therapists, see <http://www.ausot.com.au/>

★ **PODIATRIST**

Podiatrists are health professionals who specialise in assessing and treating leg and foot problems. They may suggest treatments such as physiotherapy, orthotics or surgery.



For more information about podiatrists see <http://www.apodc.com.au/>

★ **ORTHOTIST**

Your doctor, physiotherapist or podiatrist may think that “orthotics” may help your condition. These are devices that assist you in managing the pain or discomfort associated with OA. They may include shoe wedges, or knee braces, which provide support. An orthotist designs, makes and fits orthotics.

For further information about orthotists and orthotics, see <http://www.aopa.org.au/>

PHARMACIST

Pharmacists are experts in medicines. In addition to dispensing the medicine ordered by your doctor, the pharmacist will help you understand why and how you take your medicines. They can provide you with written information or answer any questions you might have.

They can also advise you about non-prescription medicine.

For more information about pharmacists see <http://www.psa.org.au/> - for more information about medicines and OA see page 27.

★ PSYCHOLOGIST

Psychologists are experts in human behaviour and emotions. They can help you deal with any difficult emotions you feel as a result of your condition.

They can also help you to use “thinking techniques” to assist with managing pain.

Psychologists cannot prescribe medicines. Their treatments are based on providing support and strategies to help you manage how you feel.

If you need medicines to treat depression or anxiety, your GP will advise you, or refer you to a specialist doctor (psychiatrist) for advice.

For more information about psychologists, see <http://www.psychology.org.au/>

For more information about managing the emotional aspects of OA see page 35.



Where can I see other health care providers and how much will it cost?

The services of other health care providers such as physiotherapists, podiatrists, dietitians and occupational therapists are available either privately or publicly.

Privately: You may see these health care providers privately without a referral from your GP or medical specialist. There will be a cost for private treatment. Your private health insurance may provide partial cover for this cost, however you may require a referral from your GP or specialist to be eligible for insurance reimbursement.

Publicly: You can also see health care providers in a public centre such as a community health centre or in a public hospital. There is usually a waiting list and you will need a referral from your doctor to access these services. There is usually no cost, however a small cost may be required for some services.

If you are referred to other health care providers by your GP as part of a care plan (“Team Care Arrangement”), you may be eligible to have five of these services funded by Medicare per year. Ask your doctor for more information.

3. Consumer Organisations

There are a range of consumer organisations that provide support and advice for people with chronic conditions such as OA. The state-based Arthritis Foundations are a good place to start.



★ STATE-BASED ARTHRITIS FOUNDATIONS

The state-based Arthritis Foundations are not-for-profit community-based organisations which support people who have arthritis and other musculoskeletal conditions, as well as those who care for them. Programs and services vary from State to State but may include:

Telephone Information Services: See the contact details on page 50.

Self management courses: Courses aim to help people manage their condition. The arthritis organisations also train people who wish to become leaders to run the self management courses in the community.

Physical activities and exercise programs: The arthritis organisations provide information about programs offered in the community, including:

- Chair-based exercise
- Tai chi for arthritis
- Strength training for chronic illness
- Warm water exercise.

Seminars: Seminars are delivered on various topics for both the community and health professionals.

Peer Support Programs: There are networks of self help groups in most States. They run a variety of activities such as exercise classes and education sessions as well as social and fundraising events.

Youth and Family Service Programs: These programs support children with arthritis and their families.

For contact details of Arthritis Foundations in all States/Territories as well as other helpful organisations see the Useful Contacts section on page 50.

Section 3

How is osteoarthritis managed?

There are a variety of treatments that help people control and reduce the effects of OA.

A decision about the best management plan for you will be made together with your GP and other health care providers. It will depend on other medical problems you may have, and other medications and treatments you may have already tried. Your doctor's assessment of your physical, psychological and social needs, and your personal preferences and choices also need to be considered.

Your treatment should be designed to suit your individual needs and may include:

- Exercises
- Medication
- Joint protection
- Healthy weight maintenance

Surgery can be very effective for people with severe OA.

Support with emotional issues may also be part of treatment.

These approaches are discussed in this section.

A summary of therapies is also included on page 40.

Understanding your options

Whether the treatment you are considering is prescribed medication, complementary or herbal medicine, physical therapy or any other therapy, there are a number of questions you should ask yourself:

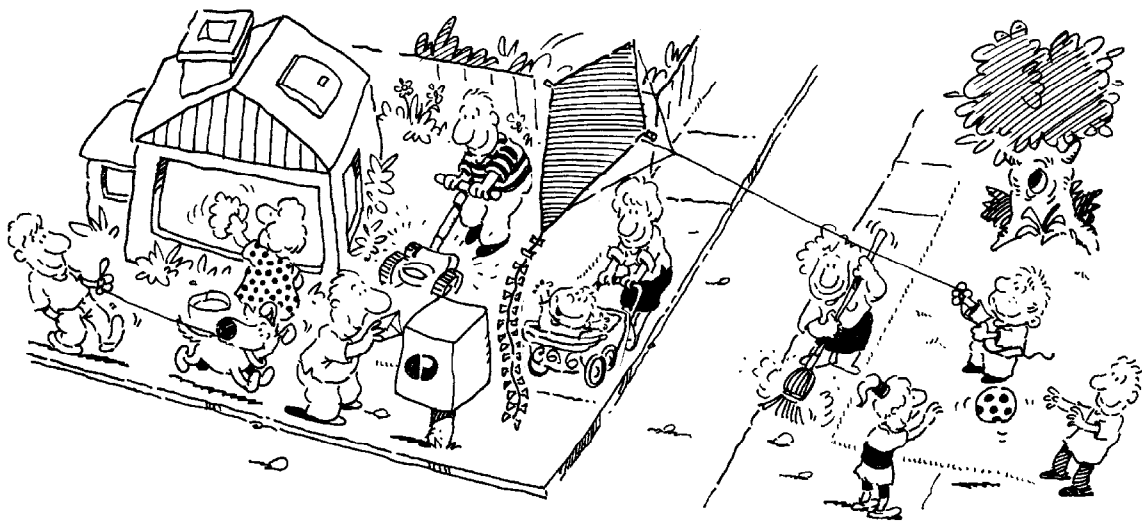
- ? Do I know why I am taking or using this treatment?
- ? How long should I keep taking or using this treatment?
- ? Can I take it with my other medicines, diet or alternative treatments?
- ? How can I be confident it works for people like me?
- ? Do I know the side effects this treatment may cause?
- ? What do I do if I have a side effect when I am taking or using the treatment?
- ? What are the benefits of the treatment compared with any risks?
- ? Do I understand how to take or use this treatment?
- ? Do I need any special checks when I am taking or using this treatment?
- ? How much will this treatment cost me?
- ? Am I prepared to go to the “trouble” to use this treatment?
- ? Have I discussed using this treatment with my doctor?

1. Physical Activity and Osteoarthritis

Exercise is strongly recommended for people with OA as it helps to reduce pain and disability.

Physical activity plays a vital role in all our lives. It improves general health and well-being and reduces the risk of many chronic diseases, such as heart disease, osteoporosis and diabetes.

Many people with arthritis are wary of physical activity because they believe that it will increase their pain and further damage their joints. Whilst it is important to be selective in what physical activity you do, all people with arthritis can benefit from regular physical activity.



The benefits

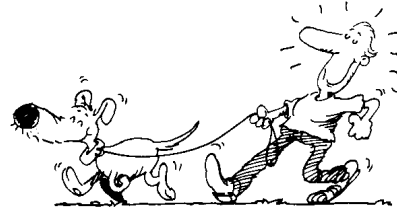
Being active will help you to:

- ✓ Keep your joints mobile and flexible
- ✓ Manage your weight
- ✓ Improve your muscle strength
- ✓ Improve or maintain your bone strength
- ✓ Prevent muscle imbalances and joint deformities
- ✓ Nourish your joints
- ✓ Improve your balance
- ✓ Improve and maintain your ability to perform everyday tasks
- ✓ Improve your overall physical and mental health and well-being.



What types of physical activity are best?

Different types of physical activity provide different benefits. Aim to include exercises for strength, heart and lung fitness, flexibility, as well as balance and coordination.



★ STRENGTH

Strength exercises are important for supporting your joints and for maintaining your ability to perform daily tasks.

Any activity that requires your muscles to work with more force than normal will improve your muscle strength. This includes activities such as weight training, chair based exercises, water exercise, tai chi and walking up stairs/hills. Strengthening the muscle around the knee (quadriceps muscle) is helpful for OA of the knee, except if you have loosening of the knee joint or problems with the alignment (“angle”) of the knee joint.

★ FLEXIBILITY

Flexibility exercises are the most important exercises for people with arthritis.

Flexibility is the amount of movement your joints have. Stretching is the best exercise for improving flexibility, but other good activities are chair based exercises, water exercise, tai chi and yoga.

★ AEROBIC FITNESS

Any exercise that lasts for longer than 5 minutes and that makes you “puff” will be improving your aerobic (heart and lung) fitness. The more you do, the better your fitness.

Aerobic fitness allows you to perform many of your daily tasks. It also helps reduce your risk of developing many chronic conditions such as heart disease and diabetes.

Activities include walking, swimming, water exercise, cycling, dancing, and chair aerobics. Look for opportunities to be active:

- ✓ Try walking to the shops; or
- ✓ Park your car 10 (or more) minutes from the shop and walk from there; or
- ✓ Walk with family members in the evening, rather than watching TV.

★ BALANCE & COORDINATION

Balance and coordination are also important for your day-to-day activities and for reducing the risk of falls.

One of the best exercises for improving balance and coordination is tai chi. Other activities include dancing, standing on one leg, and sports requiring good coordination. Flexibility and strength will also help you to maintain balance and coordination.

It is recommended you speak to your doctor or other health care provider about which balance exercise is the best and safest for you to try.

Things to consider before starting exercise

- **Choose an exercise that suits you**

Everybody's arthritis is different and affects them in different ways. So, not all types of exercise will suit you. Speak to your doctor, rheumatologist, physiotherapist or other health professional before starting an exercise program. They will be able to tell you what types of exercise may not be suitable for you, especially if you have had a joint replacement.

- **Listen to your body!**

If you have not been exercising recently you may experience more pain, especially when you start new exercises. This discomfort is usually muscle pain and decreases as your fitness improves.



As a general rule, you have done too much exercise if you experience pain for more than 2 hours following your session. If this is the case, reduce the intensity (amount of effort) and/or the amount of activity next time you exercise.

Always exercise at moderate intensity or below. This means you are not so out of breath that you have difficulty talking, however you will feel warmer and notice your heart rate has increased. This exercise level will improve your fitness and benefit your heart and lungs as well as your joints and muscles.

If any activity causes you pain, or increases your pain beyond what is your usual “arthritis pain”, then stop immediately, and refrain from doing this activity. The popular expression of “no pain, no gain” is certainly not the rule to guide your exercise program.

- **Join an exercise group**

Find an exercise group you can join. Most groups are supervised by qualified instructors who will understand your condition. Exercising in a group is also more fun - it helps keep you motivated and you get to meet new people!

For more information about exercise and OA speak to your doctor or physiotherapist or contact the Arthritis Foundation in your State or Territory - see page 50 for contact details.



2. Food and Osteoarthritis

Like regular physical activity, eating a balanced diet is important for all of us. The Dietary Guidelines for Australians are a good starting point - www.nhmrc.gov.au/publications/synopses/dietsyn.htm

But how does what you eat affect OA?

Rheumatologists and nutritionists confirm that there is no such thing as an “arthritis diet”. There is no single food to eat or avoid, or diet to follow that will make your symptoms disappear or cure your arthritis.

However, balancing all aspects of your lifestyle, including diet, will help to optimise your health.

★ Maintaining a healthy weight

Excess weight increases stress on the joints. There is a clear link between being overweight and an increased risk of developing OA.

Achieving and maintaining a healthy weight is one of the most important things you can do to help manage your OA.

If you are overweight, reducing your weight will decrease the stress on your joints, reduce pain and maintain or improve your mobility.

For advice about losing weight through diet and exercise, speak to your doctor or dietitian.



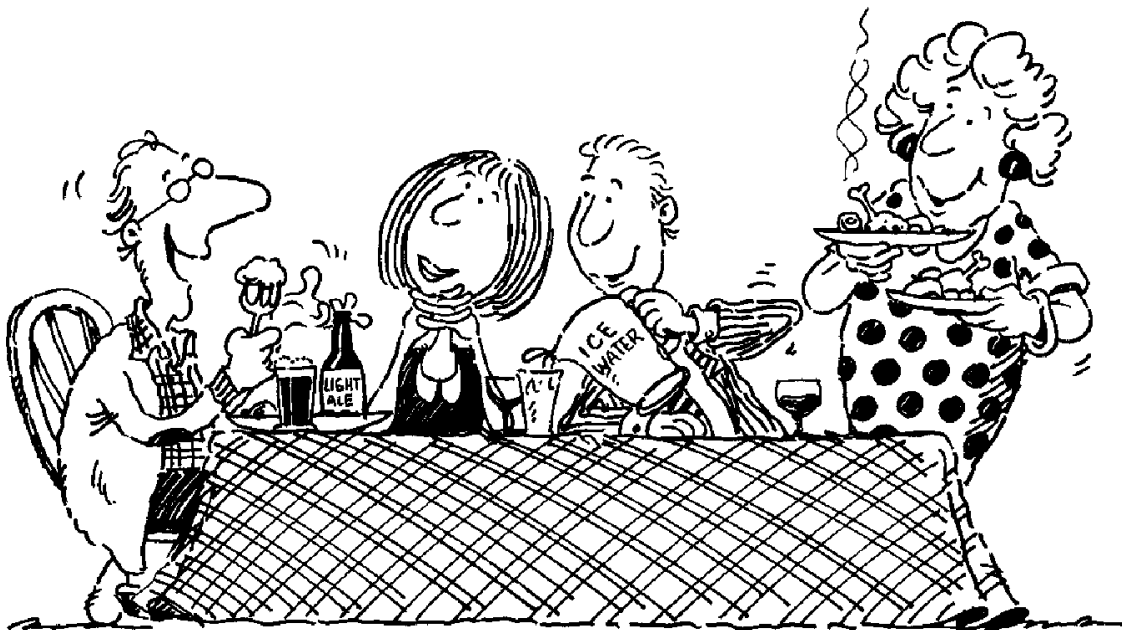
★ Can certain foods help arthritis?

Scientists believe there are several ways in which diet can assist arthritis.

Omega 3 fats

Certain types of *polyunsaturated fat*, particularly the Omega 3 group, have a mild anti-inflammatory effect. Fish is a rich source of Omega 3 fats. Generally, oily fish have greater amounts, therefore sardines and salmon are particularly good choices.

Fish oil capsules have been suggested as a supplement for those with arthritis. However, they differ in the amount of Omega 3 fats they contain. They can also be very expensive and do not contain some nutrients and other beneficial compounds which are found in the actual fish.



Therefore, eating oily fish two to three times a week may be a better option than taking capsules. Talk with your health professional first before taking any extra vitamin or mineral supplements.

★ **Should you avoid certain foods?**

There is currently no clear information about whether people with arthritis should avoid particular foods, unless they have a specific allergy or intolerance.

If you suspect you have a food allergy, make a note of what you think might cause a reaction and talk to your doctor.

★ **What about a vegetarian diet?**

To date, there is mixed evidence about whether following a vegetarian diet will help any form of arthritis.

Vegetarian diets can increase your intake of antioxidants and vitamins because you'll be eating more fruits and vegetables. The lower fat level of the diet may also help you to lose weight.

A strict vegetarian diet, however, can be inadequate in certain nutrients, particularly iron, vitamin B12 and zinc.

For more information about diet and OA speak to your dietitian or contact the Arthritis Foundation in your State or Territory - see page 50 for contact details.

3. Medications

Relief from pain is often the Number 1 concern of people with OA. For many people, therefore, medication is an important part of the overall strategy for managing OA.

The types of medication include:

- those that treat the pain; and
- those that treat the inflammation.

Medication may be:

- prescribed by your doctor; or
- purchased over the counter without a prescription. This includes natural medicines or alternative medicines.

This section presents information about the range of medications that you might take to manage your OA.

It is important to discuss all your medicines, including those you are considering taking, with your doctor. All therapy, even complementary and herbal therapies may have side effects or may interact with other medicines you are taking.

Ask your doctor and pharmacist for information. If you would like more information about your medicines you can call the Medicines Line and speak to a pharmacist.

Medicines Line

Monday to Friday, 9am to 6pm

Phone: 1300 888 763

Important Medication Tips

- Find out about the purpose, action and possible side effects of all the medicines you take.
- Always take medicines as directed, including keeping within maximum recommended daily doses.
- You may find a medication box useful if you take a number of different medicines or have difficulty remembering all the doses.
- Consider using other pain relieving strategies with your pain relieving medicines. Consider relaxation therapy, physiotherapy or attending an arthritis self management course.
- Make sure you seek help if you have any unusual or unexpected side effects.
- Keep a personal record of your medicines with you at all times, including dose and allergies. This can be useful when you see health care providers and is particularly important during an emergency (**see page 58**).
- If you are taking 5 or more medicines or you are on anti-inflammatory medicine, ask your doctor if you need a medication review.

3.1 Simple pain relief: the 'first line' treatment

Simple pain relief using medicine such as *paracetamol* is safe and effective for many people with OA.

For many people *intermittent treatment* (now and then) may be enough to treat their pain. If you know that certain activities can cause pain, such as playing a round of golf or walking the dog, it may help to use paracetamol half an hour before you begin your activity and again 4 hours later. You may combine use of paracetamol with other therapies such as cold or hot packs or local liniment therapies.

NOTE: Aspirin is **NOT** a simple analgesic. It is an anti-inflammatory therapy and you should check with your doctor before using this for OA pain relief.

What should I ask myself if my pain gets worse?

- ? Am I taking the medicine my doctor recommends?
- ? Am I taking my medicine regularly as recommended?
- ? Am I using all the other things that have been recommended to help relieve my pain such as:
 - Recommended exercise program
 - Relaxation exercises
 - Modifying my daily activities as recommended
- ? Do I need to visit my doctor to discuss my care plan?

★ What do you do if your pain is persistent?

For some people who have more persistent pain, *regular* treatment with simple pain medicine will be required. For example, you may need to take the medicine every 4-6 hours each day to manage the pain. ***It is important not to take more than the recommended daily dose.***

★ What do you do if your pain is severe?

Medicines for more severe pain include *codeine* or *tramadol*. These may be taken in addition to simple pain medicine such as paracetamol.

Very occasionally, stronger opioid medicine (for example, morphine) may be recommended by your doctor.

Codeine and tramadol and other opioid medicine may cause constipation. Some people may also experience nausea and vomiting.

3.2 Anti-inflammatory medication

Anti-inflammatory drugs can be divided into two broad categories - those that are based on cortisone (gluco-corticosteroids) and those that are classified as non-steroidal anti-inflammatory drugs (NSAIDS).

NSAID medications should be used only if:

- Simple analgesia and other health therapies (e.g. physical therapy) have not been effective;
- You are not at higher risk of side effects due to other medical conditions or other medications, or you have discussed the risk of these side effects with your doctor;
- The NSAID results in a ***definite*** improvement in your symptoms; and
- You have regular blood pressure checks by your doctor.

Non-Steroidal Ant-inflammatory Drugs

Non steroidal anti-inflammatory drugs (NSAIDs) can be effective in reducing the pain and stiffness of OA and they can be used together with simple analgesia such as paracetamol.

★ Side effects

Like all medicines, NSAIDs have risks and benefits. Side effects common to many NSAIDs include heartburn, indigestion, nausea and constipation.

Special care may be needed when taking NSAIDs if you have asthma, kidney impairment, high blood pressure or heart problems.

NSAIDs may also be unsuitable for people with particular allergies or other existing conditions. As with all medicines, special care is needed during pregnancy and breast-feeding.

Gastrointestinal side effects can often be reduced by: changing the dose and/or how often you take it; by taking the medicine after food; and also by taking other medicines along with NSAIDs. These are issues that should be discussed with your doctor.

★ Drugs that interact with NSAIDS

All medications, including those that you can buy without a prescription, can interact with each other.

For example, some cough medicines or cold tablets contain aspirin. This may increase your risk of experiencing a harmful effect from your NSAID drug.

Speak to your pharmacist or doctor to let them know what medicines you are currently taking before taking any 'over the counter' medication.

★ Dosage

NSAID medicines should be used at the *lowest dose* that improves your symptoms. You may require only *intermittent* treatment (now and then) with NSAIDs.



★ What types are there?

There are many different types of NSAIDs, from aspirin, the oldest NSAID, to the newer COX-2 inhibitor medicines. Your doctor will work with you to help you find the NSAID which is most suited to your individual needs.

For more information about NSAIDs contact the Arthritis Foundation in your State or Territory - see page 50 for contact details.

Local anti-inflammatory creams may also help to relieve symptoms of knee OA but are unlikely to help deep joint symptoms such as hip OA. Relief of local muscle spasm however, may help soft tissue pain.

Cortisone Injections

Local 'Cortisone' (gluco-corticosteroid) injections are used to treat local inflammation. They are a safe and effective therapy for a *flare of OA of the knee or hip*.

The effects usually start within one week of the injection and last for 2-4 weeks. Generally it is recommended that joint injections be restricted to 3-4 per year in any one joint.

People with diabetes may notice a small increase in their blood sugar for 1-2 days. The injections rarely cause long term side effects unless they are used very frequently.

Other local injections

Hyaluronan injections may also be used to reduce the pain of knee OA. It may take some time for the effect to be felt and requires 3-5 weekly injections. It is a costly treatment and is not currently subsidised under the Pharmaceutical Benefits Scheme (PBS).

4. Surgical Options

Most people would prefer to avoid surgery but for some it can provide significant benefits.

Joint replacement (arthroplasty) will be considered if other therapies including medication and physical therapies have been tried and failed to work, or failed to keep working. The surgeon replaces the damaged joint with metal and plastic.

A decision about surgery will be made by you and your doctor. That decision will be based on your condition and an assessment of your risk for developing complications during or after surgery, as well as your preferences.

Other types of surgery you may hear about include:

- **Osteotomies** of the hip and knee which involve reshaping the thighbone or shin bone to improve alignment of the joint. They are sometimes used in the early stages of arthritis to redistribute stresses on the joints. They are generally best in patients under the age of 45 to 50 before there has been too much damage.
- **Arthroscopic surgery** in which the surgeon uses telescope technology to see inside the joint, and/or repair any damaged structures. It is recommended for OA of the knee when the orthopaedic surgeon considers there are mechanical symptoms in addition to OA symptoms.
- **Cartilage grafting** which is a newer technique, not currently used routinely for OA. Further research into this area is continuing.

Preparing for a joint replacement

If you require joint replacement, you may have some questions or concerns you wish to raise with your doctor or surgeon. Your questions could be about:

- The type of operation or procedure you might need and how urgent it is
- Who will be performing the surgery
- The possible benefits and risks of the procedure, including the anaesthetic
- How long you might have to wait for an operation
- What you should do to prepare for surgery
- What medicines you may need before or after surgery
- Whether you will need a blood transfusion
- How long you might be in hospital
- What happens after the operation - follow up with the surgeon, support at home, rehabilitation?
- Which health care providers will be helping you while waiting for surgery and after surgery has taken place
- What you should do if your condition gets worse while you are waiting for surgery

Make sure you ask if you don't understand any aspect of the surgery.

5. Managing Emotional Problems

Osteoarthritis often causes symptoms that come and go, however some people may have symptoms most of the time. And because the way we feel mentally and emotionally is closely linked to how we feel physically, it is not uncommon for people with a long term physical health problem like OA to feel anxious, sad and sometimes angry.

In fact two thirds of people with arthritis say their condition has affected them emotionally.

Being aware of these feelings and getting help when you need it is very important.

Good communication is a key to managing emotional issues. Consider discussing your concerns with your partner, friends or carer, your doctor and other health care providers. Also consider contacting Community Consumer Support Groups (see Useful Contacts on page 50).

★ What is depression and anxiety?

Depression is not simply normal sadness, or being moody, but a serious illness.

Signs that you may be depressed include:

- Moodiness that is out of proportion to recent events;
- Increased irritability and frustration;
- Increased sensitivity to minor personal criticisms;
- Withdrawal from social events;
- Loss of interest in food, sex, exercise or other pleasurable activities;
- Being awake throughout the night;
- Increased alcohol and drug use;
- Staying home from work or school;
- Increased physical health complaints like fatigue or pain; and
- Being reckless or taking unnecessary risks (e.g. driving fast or dangerously).

Anxiety disorders are the most common of all mental health problems. Anxiety is not just feeling tense or worried. It can have a large effect on a person's ability to go about their everyday life.

In addition to feeling very worried or fearful most of the time, people suffering from anxiety also experience physical symptoms such as:

- blushing
- trembling
- racing heart
- shortness of breath
- nausea
- sweating
- numbness, tingling

If you feel you might be depressed or anxious see your doctor who will help you get the right treatment.

Different types of depression and anxiety require different treatments. While some people only need psychological treatments, others respond best to medications.

Psychological treatments, including cognitive behavioural therapy, can help to change your actions, feelings and thoughts.

Medications for depression and anxiety are not addictive.

Both psychological treatments and medications can help long-term functioning.

★ **How might OA affect sex and intimacy?**

Living with arthritis can place stress on a relationship. There is often pain, discomfort and fatigue that may make you irritable and can reduce your interest in sexual relations.

OA affecting the hips or knees may cause difficulty with your normal joint movements. You may need to experiment to find positions which allow you to enjoy comfortable intimate relations.

Tips for promoting your emotional health

- Try to work out how you are feeling and why you feel the way you do.
- Manage your time to conserve your energy and avoid fatigue.
- Continue to be physically and mentally active according to your abilities and physical limitations.
- Set achievable goals... and celebrate your achievements.
- Learn and practice relaxation techniques such as meditation and yoga.
- Make time for fun and do something each day that makes you feel good.
- Avoid drugs and alcohol as a means of escape.
- Seek support from others including family, friends and health care professionals – a support group or club may be one avenue.

Summary of therapies that may be useful for OA of the hip and knee

How do I know if a therapy has been tested properly?

The best way of finding out if a therapy works and if there are potential side effects is to test it in a carefully monitored test situation. This sort of study is called a Controlled Trial.

In a controlled trial the new therapy will be tested against an existing effective therapy or against an inactive product (placebo). A number of people may feel better on an inactive therapy – this is called the *placebo response*. The placebo effect (an often used example is ‘taking a sugar pill’) is not a bad thing unless it *causes harm or is costly*.

A controlled trial lets us know if a new therapy is working the same amount or more than the placebo or existing therapy, and whether the new therapy causes any harm. As a trial often takes place only over a short time it may not tell you how long a therapy might work for or if there is harm that occurs over a longer period of use

All drugs that are available on prescription from your doctor will have been tested in controlled studies but it is important to ask your doctor if the people who were in the studies had the same condition as you and were similar to yourself.

Your doctor or pharmacist can give you information about the effective amount (dose) of the therapy, the effective way to take it, known side effects, how long you need to take the therapy and when to expect an improvement if the therapy is working for you or when to stop it.

Some of the therapies that do not need a prescription may have been tested in the setting of a controlled study trial but many have not. If you have heard about other therapies and want more information ask your local doctor or contact the Arthritis Foundation in your State or Territory (see the contact details on page 50). You can ask the person recommending the therapy what information is available about testing so that you can decide about taking that particular therapy.

Summary of therapies that may be useful for osteoarthritis of the hip and knee*

✓✓ = excellent or good evidence of effectiveness

? = unclear evidence of effectiveness

A blank space indicates that outcome has not been evaluated in clinical research

✓ = some evidence of effectiveness

X = evidence of no effect

* Updated in June 2010. Most, but not all recommendations are based on the Royal Australian College of General Practitioners (RACGP) "Guidelines for non-surgical management of hip and knee OA," which can be accessed at www.racp.org.au

THERAPIES	OUTCOME (as shown by clinical research)					
	Reduces pain and stiffness	Supports better health care use	Reduces worsening disease	Improves function	Helps maintain quality of life	Comments
Self management education programs	?	?			?	Arthritis Self-Management Courses (ASMC) in combination with exercise may have a modest beneficial effect on psychological symptoms. (see pages 8, 16, 50).

THERAPIES	OUTCOME (as shown by clinical research)					Comments
	Reduces pain and stiffness	Supports better health care use	Reduces worsening disease	Improves function	Helps maintain quality of life	
Exercise therapy	✓ ✓		?	✓ ✓	✓	Exercise is strongly recommended for people with OA as it helps to reduce pain and disability (see page 19).
Hydrotherapy (exercise in warm water)	✓			✓		Hydrotherapy programs are helpful for people with OA. Hydrotherapy is especially useful when you are unable to perform weight bearing (standing) exercise.
Patellar taping	✓			✓		Joint bracing or taping may be useful for some people with OA for short term benefit.
Knee braces	?			?		There is inadequate evidence of benefit to support the use of knee braces for treatment of knee OA.
Walking stick	?			?		Some people may benefit from a walking stick. Your doctor or physiotherapist can advise you.

THERAPIES	OUTCOME (as shown by clinical research)					
	Reduces pain and stiffness	Supports better health care use	Reduces worsening disease	Improves function	Helps maintain quality of life	Comments
Orthotics (heel wedges)	?			?		There is inadequate evidence of benefit to support the use of orthotics for treatment of knee OA.
Aids to Activities of Daily Living (ADLs)				?		An occupational therapist assessment may be useful, especially if you have limitations in your daily activities or have a history of falls. Discuss with your doctor.
Simple analgesia such as paracetamol	✓✓					Simple analgesia such as paracetamol is the first line treatment for OA pain (see page 28). Discuss the best way to use simple analgesia with your doctor. *Remember that aspirin is NOT a simple analgesic and should be used only with your doctor's recommendation.

THERAPIES	OUTCOME (as shown by clinical research)					
	Reduces pain and stiffness	Supports better health care use	Reduces worsening disease	Improves function	Helps maintain quality of life	Comments
Anti-inflammatory medications (NSAIDs)	✓			✓		Anti-inflammatory medicines are effective in relieving symptoms of OA, however they may cause various side effects. The risk of side effects from the use of these medicines is higher in older persons, in people with other medical problems and when used with some other medicines (see page 30).
Opioid analgesia (Weak and strong)	✓			✓		Very occasionally opiate medication may be used for more severe OA when simple analgesia and other therapies have not been effective and when anti-inflammatory medicines cannot be used. Careful monitoring for side effects by a doctor is indicated.
'Cortisone' / Corticosteroid injections	✓					An injection of corticosteroid medication into the knee or hip joint can relieve pain and swelling caused by a flare in OA.

THERAPIES	OUTCOME (as shown by clinical research)					
	Reduces pain and stiffness	Supports better health care use	Reduces worsening disease	Improves function	Helps maintain quality of life	Comments
Hyaluronan injections	✓			✓		Hyaluronan injections may reduce pain of knee OA as a short term benefit. It may be considered if other measures fail, but it is costly. There is, however, some evidence suggesting no benefit for hip OA.
NSAID creams	✓			✓		Topical creams containing NSAIDs reduce pain for people with knee OA.
Capsaicin cream	✓					Capsaicin cream may improve pain symptoms in knee OA. Topical capsaicin is not associated with any severe side effects, however stinging and burning, particularly during the first week of therapy, is reported by many people.

THERAPIES	OUTCOME (as shown by clinical research)					
	Reduces pain and stiffness	Supports better health care use	Reduces worsening disease	Improves function	Helps maintain quality of life	Comments
Glucosamine sulphate	?		?	?		There is inconsistent evidence to support the use of glucosamine sulphate to manage OA symptoms. Benefits are therefore uncertain.
Chondroitin sulphate	X			X		There is inadequate evidence of benefit to support the use of chondroitin for treatment of OA.
Weight loss	✓✓		?	✓✓		Weight loss for overweight/obese patients is strongly recommended, as it is not only beneficial for symptom relief and functional improvement, but also for other health issues such as heart disease, diabetes etc.

THERAPIES	OUTCOME (as shown by clinical research)					
	Reduces pain and stiffness	Supports better health care use	Reduces worsening disease	Improves function	Helps maintain quality of life	Comments
Vitamin, Herbal and other dietary supplements	?			?		At present there is not enough evidence to recommend routine use of vitamin, herbal and other dietary therapies. Some herbal therapies may be associated with side effects and it is recommended you let your doctor know if you are using or planning to use these medications.
Pulse electro-magnetic field (PEMF) therapy	X			X		There is inadequate evidence of benefit to support the use of PEMF.
Acupuncture	✓			✓		Acupuncture may improve pain and function for people with knee OA.

THERAPIES	OUTCOME (as shown by clinical research)					
	Reduces pain and stiffness	Supports better health care use	Reduces worsening disease	Improves function	Helps maintain quality of life	Comments
Therapeutic ultrasound	X			X		Ultrasound therapy has not been shown to be useful for hip or knee OA.
Laser therapy	?			?		There is weak evidence suggesting laser therapy can reduce pain and improve function for short term treatment for people with knee OA.
Magnetic bracelets	✓?					There is some evidence suggesting a magnetic belt can improve symptoms of pain for people with OA hip and knee.

THERAPIES	OUTCOME (as shown by clinical research)					
	Reduces pain and stiffness	Supports better health care use	Reduces worsening disease	Improves function	Helps maintain quality of life	Comments
Tai chi	✓			✓	?	Tai chi may improve function and pain for people with knee OA.
Thermotherapy (heat or cold)	?			✓?		There is some evidence suggesting cold therapy can improve function for people with hip and knee OA. It may reduce swelling and inflammation in an acute flare of OA.
Transcutaneous electric nerve stimulation (TENS)	✓			✓		TENS therapy may be effective for pain control and improve function for people with knee OA.

THERAPIES	OUTCOME (as shown by clinical research)					
	Reduces pain and stiffness	Supports better health care use	Reduces worsening disease	Improves function	Helps maintain quality of life	Comments
Massage therapy	?			?		There is weak evidence suggesting massage therapy can improve symptoms of pain and improve function for people with knee OA.
Telephone counselling	?	?		?	?	There is weak evidence suggesting telephone counselling support from a trained or non-medical person can improve symptoms and function, and improve psychological symptoms for people with knee OA.
Leech therapy	?			?	?	There is weak evidence suggesting leech therapy can improve symptoms of pain and improve function and quality of life for people with knee OA.

Useful contacts and resources

Arthritis Foundations

Offices in every State and Territory aim to:

- Promote community awareness of the problems confronting people with arthritis;
- Provide support, advice and information for those with arthritis and their families;
- Educate medical and health professionals in the management of arthritis;
- Fund research into arthritis and other musculoskeletal conditions.

Specific services vary by State but may include:

- General information and education
- Peer support
- Physical activity programs
- Self management education

Australian Arthritis Foundation

GPO Box 121
Sydney NSW 2001
Ph: (02) 9552 6085
Web:
<http://www.arthritisfoundation.com.au/>

Arthritis South Australia

118 Richmond Road
Marleston SA 5033
Ph: (08) 8379 5711
Helpline: 1800 011 041
Web:
<http://www.arthritissa.org.au/asp/home.aspx>

Arthritis ACT

PO Box 4017
Weston CREEK ACT 2611
Ph: (02) 6288 4244
Fax: (02) 6288 4277
Web: <http://www.arthritisact.org.au/>

Arthritis Tasmania

GPO Box 1843
Hobart TAS 7001
Ph: (03) 62312988
Fax: (03) 62344899
Web: <http://www.arthritistasmania.com.au/>

Arthritis New South Wales

Locked Bag 2216
North Ryde NSW 1670
Ph: (02) 02 9857 3300
Fax: (02) 02 9857 3399
Web: www.arthritisnsw.org.au

Arthritis Victoria

263 Kooyong Road
Elsternwick 3185
Ph: (03) 8531 8000 or 1800 011 041
Fax: (03) 9530 0228
Web: www.arthritisvic.org.au

Arthritis Northern Territory

PO Box 452
Nightcliff NT 0814
Ph: (08) 8948 5232
Fax: (08) 8948 5234
Web: www.aont.org.au

Arthritis Western Australia

17 Lemnos St
Shenton Park WA 6008
Ph: (08) 9388 2199
Fax: (08) 9388 4488
Web: www.arthritiswa.org.au

Arthritis Queensland

PO Box 2121
Windsor QLD 4030
Ph: (07) 3857 4200 or 1800 011 041
Web: www.arthritis.org.au

Health Professional Organisations

The following organisations represent various health professionals that might be involved in the treatment of OA and similar disorders. The websites contain general information including how to access health professionals, as well as other useful resources and links.

RACGP College House
 1 Palmerston Crescent
 SOUTH MELBOURNE VIC 3205
 T: 1800 331 626 - (03) 86990414
 F: (03) 8699 0400
 E: racgp@racgp.org.au

<p><i>Australian Rheumatology Association</i> 145 Macquarie Street Sydney NSW 2000 Ph: (02) 9256 5458 Web: www.rheumatology.org.au</p>	<p><i>Australian Psychology Society</i> 11/257 Collins Street Melbourne VIC 3000 Ph: (03) 8662 3300 Web: www.psychology.org.au</p>
<p><i>The Royal Australian College of General Practitioners</i> RACGP College House 1 Palmerston Crescent SOUTH MELBOURNE VIC 3205 Ph: (03) 86990414 Fax: (03) 8699 0400 Web: www.racgp.org.au</p>	<p><i>Australian Orthotic Prosthetic Association</i> PO Box 305 Surrey Hills, Victoria 3127 Ph: (03) 9898 7733 Fax: (03) 9898 7730 Web: www.aopa.org.au</p>
<p><i>Occupational Therapy Australia</i> 6/340 Gore Street Fitzroy VIC 3065 Ph: (03) 9415 2900 Web: www.ausot.com.au</p>	<p><i>Australian Physiotherapy Association</i> GPO Box 437 Hawthorn BC VIC 3122 Ph: (03) 9092 0888 Web: www.physiotherapy.asn.au</p>

<p>Australian Orthopaedic Association Ground Floor, William Bland Centre, 229 Macquarie St Sydney NSW 2000 Ph: (02) 9233 3018 Web: www.aoa.org.au</p>	<p>Australasian Podiatry Council 89 Nicholson Street Brunswick East VIC 3057 Ph: (03) 9416 3111 Fax: (03) 9416 3188 Web: www.apodc.com.au</p>
<p>Nutrition Australia Web: www.nutritionaustralia.org A non-government, non-profit, community based organisation that provides scientifically based information to encourage optimal health through food variety and physical activity.</p>	<p>Beyondblue Life line: 13 11 14 Web: www.beyondblue.org.au A national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia.</p>
<p>VicHealth Web: www.vichealth.vic.gov.au PO Box 154, Carlton South VIC 3053 Ph: (03) 9667 1333 VicHealth works with organisations, communities and individuals to make health a central component of our daily lives. Its activity is geared towards promoting health and preventing ill-health.</p>	<p>Participate in Health Advice line: 1800 625 619 Web: http://www.healthissuescentre.org.au/participate/ The Commonwealth Department of Health and Aging funds the National Resource Centre for Consumer Participation in Health to help consumer organisations, providers and policy-makers learn about consumer participation research and practice.</p>
<p>Multicultural Health Communication Service Web: www.mhcs.health.nsw.gov.au GPO Box 1614 Sydney NSW 2001 Ph: (02) 99027707 The service provides general information and education and produces multilingual health resources.</p>	<p>Chronic Illness Alliances Web: www.chronicillness.org.au Ph: (03) 98059126 An organisation providing support and resources for people living with a chronic illness.</p>

Useful Websites

<p><i>MyDr</i> www.mydr.com.au This site contains comprehensive articles and items of interest about a wide variety of diseases and conditions, tests and treatments, health and fitness issues, and medications. It also contains comprehensive listings of support groups and healthcare professionals.</p>	<p><i>Vicnet Directory: Health</i> www.vicnet.net.au/health This site contains up to date and quality-assessed information on a wide range of health topics including OA. It includes links to various health services and resources.</p>
<p><i>Australian Doctor</i> www.australiandoctor.com.au This site contains comprehensive articles and items of interest about a wide range of diseases and conditions, tests and treatments, health and fitness issues, and medications. It also contains comprehensive listings of support groups and healthcare professionals, resources (patient information, guidelines etc.) and links to other health care organisations.</p>	<p><i>DepressioNet</i> www.depressionet.com.au This site contains information and support for people with depression, including a directory of professionals, services and support groups in each State and Territory.</p>
<p><i>HealthInsite: An Australian Government Initiative</i> www.healthinsite.gov.au This site contains up to date and quality-assessed information on a wide range of health topics including OA.</p>	<p><i>E-medical</i> www.emedical.com.au This site provides a broad range of health information, up to date health news, and health advice from medical practitioners. Online consultation services are also available.</p>

<p><i>The Better Health Channel</i> www.betterhealth.vic.gov.au This site contains up to date quality-assessed and locally relevant information on a wide range of health topics including OA.</p>	<p><i>Osteoarthritis Pathway Implementation Collaborative</i> www.oapathway.org.au This site was designed for anyone with an interest in OA. It provides resources, information and useful links for both consumers and health care providers.</p>
<p><i>YourHealth: Osteoarthritis</i> www.yourhealth.com.au/index.php?page=/conditions/view-content.php?id=128 This site provides information about OA including possible causes, common signs and symptoms, and treatment options.</p>	

Your OA Care Plan

The following pages contain records and tools to help you manage your OA together with your health professionals.

They include:

1. **Contacts List**
Record the contact details of all your health professionals and support organisations. Take this list to your appointments.
2. **Medicines List**
Record details of all your medicines including those you get on prescription and those you get over-the-counter from your pharmacy, supermarket or health food shop. Take the list each time you visit a health professional.
3. **Record of Side Effects and Allergies**
Record details of any side effects or allergies that you might experience from your medication or other treatments.
4. **Appointment Checklist**
This checklist will help you to put together helpful information to make sure you get the most benefit from your appointment with your health professional.
5. **Questions for your Health Professional**
Write down the questions you would like to ask your health professional and take them to your appointment.
6. **Symptom and Self Management Guide**
This simple guide will help you to manage your condition on a day-to-day basis.
7. **Goal Setting Care Plan**
A Goal Setting Care Plan will help you identify your goals and work towards achieving them.

1. Contacts List

Service	Name and address	Phone number
HEALTH CARE PROVIDERS		
Doctor		
Rheumatologist		
Orthopaedic Surgeon		
Physiotherapist		
Dietitian		
Pharmacy		
INFORMATION SUPPORT		
Arthritis Foundation		
Other		

2. Medicines List

Name of medicine	Dose	Number of tablets	How often
Pain relief			
E.g. Paracetamol	1000mg	2 x 500mg tablets	3 times a day
Anti-Inflammatories			
Creams			
Medicine for my other conditions			

4. Appointment Checklist

Preparing for an appointment with your health care provider

BRING WITH YOU:

- Your Contact List of health care providers (page 57).
- Your list of current medicines (page 58).
- A list of previous medicines that may not have been effective or have caused side effects.
- A list of any changes that have occurred in your health since your last visit and any concerns you have.
- A list of side effects or allergies that you might have experienced (page 59).
- A list of things you are doing to help manage your pain including exercises, heat or cold packs, etc.
- Results of blood tests or x-rays.
- A list of questions you might like to ask your health care providers (see examples on page 61).

You might also want to bring a friend, carer or family member with you as it can be difficult to remember everything you discuss with your health care provider

5. Questions for Your Health Care Provider

Use the sheet on the next page to record the questions that you would like to ask your health care provider. For example:

- ? Why am I using this medicine?
- ? What side effects do I need to watch out for?
- ? What should I do if I get a side effect?
- ? Do I need a new prescription?
- ? Is there some more information about the medicines I'm on?
- ? What else can I do to better manage my osteoarthritis?



If you are taking anti-inflammatory medicine (NSAIDs), you may also want to ask:

- ? Do I need to keep taking this medicine?
- ? Is there another pain relieving medicine I could use instead of an anti-inflammatory medicine?
- ? Do I need to have my blood pressure taken?
- ? Do I need any blood checks while I am taking an anti-inflammatory medicine?

Questions for Your Health Care Provider (cont)

Questions	Answers

6. Symptom & Self Management Guide

When you are well		Action
<p>Know how much you can do each day.</p> <p>Be aware of how your pain is at rest and during activity.</p> <p>Be aware of what makes your pain worse.</p> <p>Be aware of how well you sleep.</p>		<p>Have something to look forward to each day.</p> <p>Plan ahead and allow time to do things.</p> <p>Exercise regularly according to your ability.</p> <p>Eat a well-balanced diet.</p> <p>Avoid things that make you worse.</p> <p>Don't allow medicines to run out.</p> <p>Get adequate rest.</p>
When you experience worsening symptoms		Action
<p>More pain than normal.</p> <p>More stiffness than normal.</p> <p>Reduced energy for daily activities.</p> <p>Increasing tiredness.</p>		<p>Reschedule your day.</p> <p>Get plenty of rest and use relaxation techniques.</p> <p>Use heat or ice (whichever works for you) to help with your symptoms.</p> <p>Check that you are taking your pain tablets as prescribed by your doctor.</p> <p>Consider reviewing your pain management plan with your doctor.</p>

An example of a *Personal Goal Setting Care Plan* you can develop with your doctor or other health care providers

My personal goals	How important is this goal for me? *** Most important ** Important * Less important	How will I achieve my goal?	How am I going? Did I have any problems following recommendations?
<i>Example: I want to be able to play golf 3 times/week instead of once/week</i>	***	<i>See a physiotherapist. Follow exercise plan provided by my doctor or physio. Regular use of pain management medication.</i>	<i>Overall improvement scale 7/10 I saw the physio. I am using regular paracetamol. I am playing golf two times/week. (Write down reasons for not starting and discuss with your GP or specialist).</i>
Goal 1			
Goal 2			

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Arthritis Victoria
Tel: (03) 8531 8000
Fax: (03) 9530 0228
Toll free: 1 800 011 041
www.arthritisvic.org.au

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